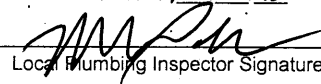
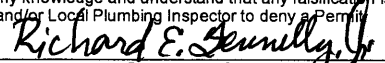


# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Div of Environmental Health, 11 SHS  
(207) 287-5672 Fax: (207) 287-4172

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	Lamoine	Town/City	Lamoine
Street or Road	Fennellyville Rd	Permit #	1720
Subdivision, Lot #		Date Permit Issued	10-26-13
<b>OWNER/APPLICANT INFORMATION</b>		Fee: \$	250
		Double Fee Charged [ ]	
Name (last, first, MI) Fennelly, Dick		L.P.I. # 1040	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		Local Plumbing Inspector Signature 	
Mailing Address of Owner/Applicant 274 Jordan River Rd Lamoine, ME 04605		The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.	
Daytime Tel. #	207 667-7421	Municipal Tax Map #	6
<b>OWNER OR APPLICANT STATEMENT</b> I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit. 		<b>CAUTION: INSPECTION REQUIRED</b> I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. (1st) date approved _____ (2nd) date approved _____	

PERMIT INFORMATION			
<b>TYPE OF APPLICATION</b> <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<b>DISPOSAL SYSTEM COMPONENTS</b> <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components	
<b>SIZE OF PROPERTY</b> 1 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other	
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: 1000 GAL.	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: _____ sq. ft. _____ lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	<b>DESIGN FLOW</b> 270 _____ gallons per day BASED ON: <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION 9 / D at Observation Hole # 1 Depth 14" of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <input type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd <input type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd <input checked="" type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd	<b>EFFLUENT/EJECTOR PUMP</b> <input checked="" type="checkbox"/> Not Required <input type="checkbox"/> May Be Required <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ gallons	<b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. _____ d _____ m _____ s Lon. _____ d _____ m _____ s if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT		
I certify that on 10-24-13 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).		
Site Evaluator Signature William A LaBelle	SE # 319	Date 10-24-13
Site Evaluator Name Printed	Telephone Number 207 537-5900	E-mail Address Labelleseptic@rivah.net

Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, 10 SHS  
(207) 287-5672 Fax: (207) 287-3165

## PROPERTY LOCATION

City, Town,  
or Plantation

LAMOINE

Street or Road

FENNELLYVILLE ROAD

Subdivision, Lot #

>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

The Subsurface Wastewater Disposal System *shall not* be installed until a Permit is attached HERE by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

## OWNER/APPLICANT INFORMATION

Name (last, first, MI)

FENNELLY, PICK

☒ Owner

☐ Applicant

Mailing Address of  
Owner/Applicant

274 JORDAN RIVER ROAD  
LAMOINE, ME. 04605

Daytime Tel. #

(207) 667-7421

Municipal Tax Map # 6 Lot # 4-1

## OWNER OR APPLICANT STATEMENT

I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

## CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

(1st) date approved

Signature of Owner or Applicant

Date

Local Plumbing Inspector Signature

(2nd) date approved

## PERMIT INFORMATION

### TYPE OF APPLICATION

- ☒ 1. First Time System
- ☐ 2. Replacement System  
Type replaced: \_\_\_\_\_  
Year installed: \_\_\_\_\_
- ☐ 3. Expanded System
  - ☐ a. Minor Expansion
  - ☐ b. Major Expansion
- ☐ 4. Experimental System
- ☐ 5. Seasonal Conversion

### THIS APPLICATION REQUIRES

- ☒ 1. No Rule Variance
- ☐ 2. First Time System Variance
  - ☐ a. Local Plumbing Inspector Approval
  - ☐ b. State & Local Plumbing Inspector Approval
- ☐ 3. Replacement System Variance
  - ☐ a. Local Plumbing Inspector Approval
  - ☐ b. State & Local Plumbing Inspector Approval
- ☐ 4. Minimum Lot Size Variance
- ☐ 5. Seasonal Conversion Permit

### DISPOSAL SYSTEM COMPONENTS

- ☒ 1. Complete Non-engineered System
- ☐ 2. Primitive System (graywater & alt. toilet)
- ☐ 3. Alternative Toilet, specify: \_\_\_\_\_
- ☐ 4. Non-engineered Treatment Tank (only)
- ☐ 5. Holding Tank, \_\_\_\_\_ gallons
- ☐ 6. Non-engineered Disposal Field (only)
- ☐ 7. Separated Laundry System
- ☐ 8. Complete Engineered System (2000 gpd or more)
- ☐ 9. Engineered Treatment Tank (only)
- ☐ 10. Engineered Disposal Field (only)
- ☐ 11. Pre-treatment, specify: \_\_\_\_\_
- ☐ 12. Miscellaneous Components

### SIZE OF PROPERTY

1 ☐ SQ. FT.  
☒ ACRES

### DISPOSAL SYSTEM TO SERVE

- ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 2
- ☐ 2. Multiple Family Dwelling, No. of Units: \_\_\_\_\_
- ☐ 3. Other: \_\_\_\_\_  
(specify)

### TYPE OF WATER SUPPLY

- ☒ 1. Drilled Well
- ☐ 2. Dug Well
- ☐ 3. Private
- ☐ 4. Public
- ☐ 5. Other

### SHORELAND ZONING

☐ Yes ☒ No

Current Use ☐ Seasonal ☐ Year Round ☒ Undeveloped

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

### TREATMENT TANK

- ☒ 1. Concrete
  - ☒ a. Regular
  - ☐ b. Low Profile
- ☐ 2. Plastic
- ☐ 3. Other: \_\_\_\_\_

CAPACITY: 1000 GAL.

### DISPOSAL FIELD TYPE & SIZE

- ☒ 1. Stone Bed
- ☐ 2. Stone Trench
- ☐ 3. Proprietary Device
  - ☐ a. cluster array
  - ☐ c. Linear
  - ☐ b. regular load
  - ☐ d. H-20 load
- ☐ 4. Other: \_\_\_\_\_

SIZE: 900 ☒ sq. ft. ☐ lin. ft.

### GARBAGE DISPOSAL UNIT

- ☒ 1. No
- ☐ 2. Yes
- ☐ 3. Maybe

If Yes or Maybe, specify one below:

- ☐ a. multi-compartment tank
- ☐ b. \_\_\_\_\_ tanks in series
- ☐ c. increase in tank capacity
- ☐ d. Filter on Tank Outlet

### DESIGN FLOW

180 gallons per day

BASED ON:

- ☒ 1. Table 501.1 (dwelling unit(s))
- ☐ 2. Table 501.2 (other facilities)

SHOW CALCULATIONS  
--- for other facilities ---

### SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN

9 / D / 3

at Observation Hole # 1

Depth 14"

of Most Limiting Soil Factor

### DISPOSAL FIELD SIZING

- ☐ 1. Small--2.0 sq. ft. / gpd
- ☐ 2. Medium--2.6 sq. ft. / gpd
- ☐ 3. Medium--Large 3.3 sq. ft. / gpd
- ☐ 4. Large--4.1 sq. ft. / gpd
- ☒ 5. Extra Large--5.0 sq. ft. / gpd

### EFFLUENT/EJECTOR PUMP

- ☒ 1. Not Required
- ☐ 2. May Be Required
- ☐ 3. Required

Specify only for engineered systems:

DOSE: \_\_\_\_\_ gallons

- ☐ 3. Section 503.0 (meter readings)

ATTACH WATER METER DATA

## SITE EVALUATOR STATEMENT

I certify that on 8-25-05 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

William A. Labelle, Jr.  
Site Evaluator Signature

319  
SE #

9-10-05  
Date

WILLIAM A. LABELLE, JR.  
Site Evaluator Name Printed

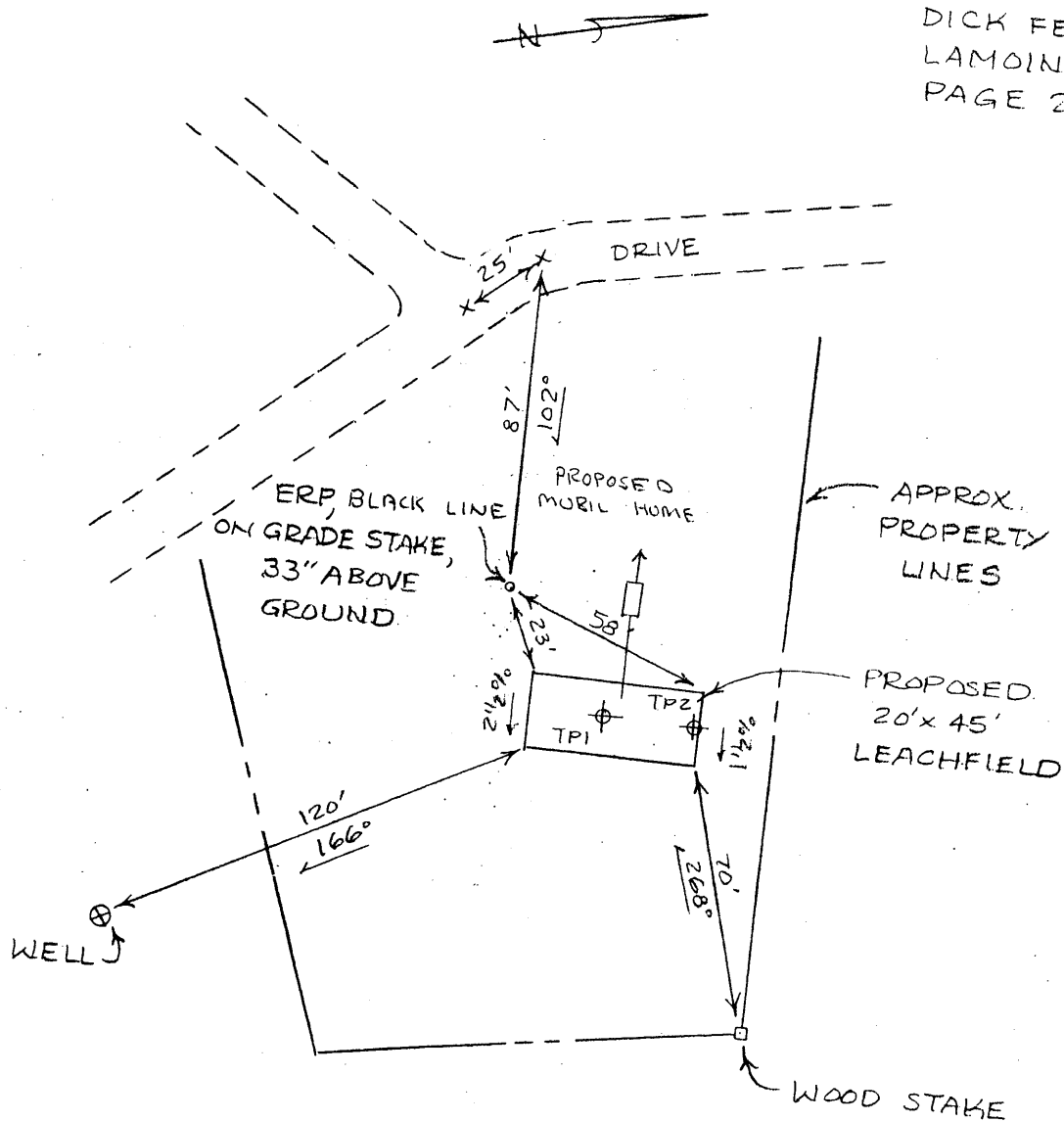
(207) 537-5900  
Telephone Number

labelle.septic@rivah.net  
E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

SITE PLAN:  
SCALE: 1"=50'

DICK FENNELLY  
LAMOINE  
PAGE 2A

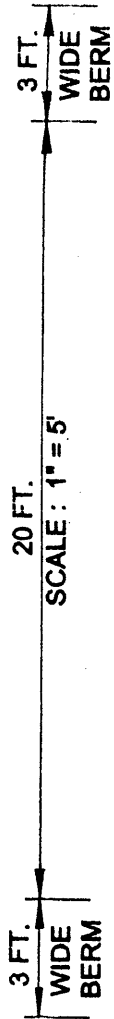


Will G. LaRy  
SITE EVALUATOR'S SIGNATURE

319  
S.E.#

9-10-05  
DATE

# DISPOSAL BED CROSS SECTION



(A)

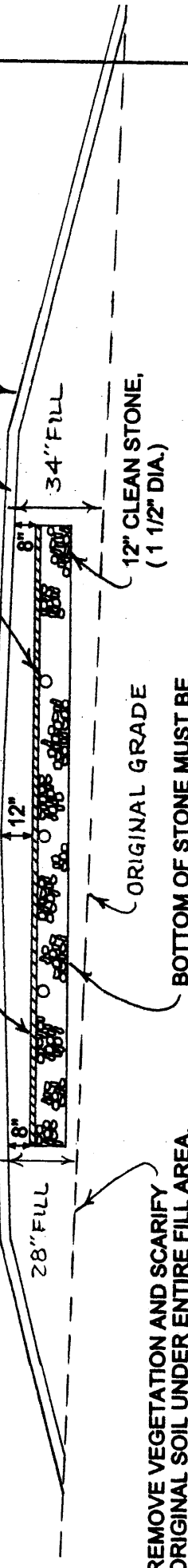
FILL MATERIAL SHALL BE 8"-12" THICK OVER STONE AND SHALL BE GRAVELLY COARSE SAND TO THE STANDARDS IN SEC. 804.0 IN THE SUBSURFACE RULES.

CROWN FINISH GRADE FROM CENTER AT 3 % SLOPE

2" COMPRESSED HAY (OR FILTER FABRIC) SEC. 805.3 RECOMMENDED OVER STONE.

4" PERF. PIPE, TYPICAL

3 %



REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER ENTIRE FILL AREA.

BOTTOM OF STONE MUST BE LEVEL WITH MAXIMUM GRADE TOLERANCE OF 2" PER 100'.

TOP 4" OF FILL TO BE A GOOD LOAM SOIL MIX TO ESTABLISH A GOOD VEGETATIVE COVER; SEED AND AND MULCH TO PREVENT EROSION. FILL EXTENSIONS NO GREATER THAN 4:1, (25% SLOPE).

SYSTEM MUST BE INSTALLED ACCORDING TO THE RULES AND PRACTICES SET FORTH IN THE SUBSURFACE WASTEWATER RULES, IN EFFECT AT THIS TIME.

## ELEVATIONS:

ELEV. REF. PT. (ERP):

FINISHED GRADE:

TOP OF DISTRIBUTION PIPE:

BOTTOM OF STONE:

0"
- 12"
- 25"
- 36"

OWNER: DICK FENNELLY

LOCATION: LAMOINE

William A. LaBelle  
WILLIAM A. LaBELLE

319 9-10-05

S.E.#

DATE